



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

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REGISTRATION OF LICENSED HOSPITAL BEDS

Public Chapter 780, Acts of 2002, requires that each hospital register with the Tennessee Health Services and Development Agency the number of beds at its facility in various categories, according to the intended use.

Should you wish to provide information not specifically requested or further information with regard to information reported, please attach a separate page to provide such narrative.

1. NAME AND ADDRESS OF HOSPITAL

(Name)

(Street Address)

(County)

(Mailing Address, if different from Street Address)

(City)

(State)

(Zip)

()
(Telephone)

2. NAME AND ADDRESS OF OWNER OF HOSPITAL

(Name)

(Street Address)

(City)

(State)

(Zip)

()
(Telephone)

3. CONTACT PERSON OR AUTHORIZED AGENT

(Name)

(Title)

(Company)

(E-mail Address)

(Mailing Address)

(Telephone Number)

(City)

(State)

(Zip)

(Fax Number)

4. NUMBER OF LICENSED BEDS BY CATEGORY

<u>Category</u>	<u>Current Licensed Beds</u>	<u>Pending Change in Category*</u>
Total Beds	_____	_____
Beds by Category:		
Medical/Surgical	_____	_____
Adult Psychiatric	_____	_____
Child/Adolescent Psychiatric	_____	_____
Rehabilitation	_____	_____
Other (specify):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Information to be reported in this category would include:

- (1) beds certified by a Certificate of Need but not yet licensed;
- (2) beds for which such certification is contemplated in the near future; and
- (3) beds for which delicensure is planned.

Please indicate which of these descriptions applies to the beds being reported, along with the anticipated date of implementation of the change.

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

Signature

Date